

## **Individuals with High Needs/Significant Risk Workgroup Meeting Notes- 03-24-16**

Attending in Helena: Connie Orr, Fran Sadowski, Vickie Poynter, Patrick Maddison, Ken Brown, Jim Uecker, Tracy Blazo

On phone: Susan Sherman, Nicole Edwards

Fran Sadowski summarized the pilot project being conducted in Colorado. Workgroup members discussed several options that will be proposed to DDP and the MDC Transition Committee. These include:

- Temporary change of living environment providing a temporary break for caregivers, stabilization of the individual, assessment/behavior support planning, and other services via one of the following options:
  - Extra bed in a provider group home or supported living site – provider to receive \$700 per month to keep the bed available
  - Family home – family would receive monthly stipend of \$100 per month. The family would not be involved in any aspect of care/treatment.
  - Motel – paid at a rate of \$900 per month to keep room available.
  - Therapeutic foster/host home – paid a stipend of \$200 per month. In addition, they would receive additional funding (tax deductible) when they take a person (SSI of \$700, provider agency providing 20 hrs of DSP care during the week and 12 hours on weekends); alternately, Behavior Consultation Team could provide the DSP at a cost of \$14 per hour.
- The above options would need a contract to define how possible damages would be covered, the maximum length of time that a person in crisis could stay, and identification of the next service option:
  - Another community provider agency
  - An ICF-IID
  - Out of state placement
  - Provider of last resort – a placement with zero rejection that could be temporary or long term.
- The group also agreed that psychiatric services are needed from a professional who has expertise in developmental disabilities and mental health issues. One way for smaller communities to access this care is through teleconferencing. Medicaid pays \$144/hour which may make it difficult to find a qualified psychiatrist. However, Medicaid would be accessed first and if this amount is insufficient, a rate of up to \$200/hour would be provided by DDP.
- Training grants should be more flexible with \$20,000 per year per provider. IABA provides unlimited on-line training for provider staff for 6 months at a cost of \$15,000. Training grants should allow for providers to be reimbursed for expenses such as travel.
- Provider agencies should hire internal behavior therapists at a cost of \$50,400 - \$60,000 per year. This would allow them to handle problem situations internally before the BCT is called.
- Regional crisis teams were discussed. One or more regions would have a mobile crisis team that has a lead team manager (presently in place and funded); 2 DSPs at a rate of \$14/hour plus benefits and travel expenses; and, a psychiatric nurse practitioner with an annual salary of \$90,000 plus benefits and travel expenses.

- The options discussed would not come with “brick and mortar” expenses or building new facilities.
- The group will propose that these options be part of a 2 year pilot project similar to the one conducted in Colorado.

Actions:

Ken Brown will provide a formal write up of the proposed options to present to DDP and the MDC Transition Committee. Ken will have this available to workgroup members by 03-30-16.

Submitted by:

Connie Orr, Behavior Consultation Team